DOCUMENT RESUME

ED 281 341 EC 192 438

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TITLE Is the Child Really Stuttering? Questions & Answers about Preschool Dysfluency.
REPORT NO ISBN-0-8134-2619-7
PUB DATE 86
NOTE 18p.
AVAILABLE FROM Interstate Printers and Publishers, Inc., P.O. Box 50, Danville, IL 61834-0050 ($1.00; 25 copies, $17.50; 100 copies, $50.00).
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Intervention; Parent Child Relationship; Parent Role; *Preschool Children; Preschool Education; Prevention; *Speech Handicaps; *Stuttering; Teacher Role; Therapists
IDENTIFIERS *Early Intervention

ABSTRACT

A question-and-answer format is used in this booklet to provide concise, practical information for adults concerned about a preschool child who frequently hesitates and repeats when speaking. The nature of the preschooler's repetitions and hesitations, as well as the role listeners can play in dealing with these stuttering-like behaviors, are discussed. Normal dysfluency (a stage in the speech development of many children) and abnormal dysfluency (actual stuttering) are compared to help the reader determine whether or not referral for assessment or remedial services is needed. (CB)

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QUESTIONS & ANSWERS ABOUT PRESCHOOL DYSFLUENCY

Julie A. Blonigen

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IS THE CHILD REALLY STUTTERING?

Questions & Answers About Preschool Dysfluency

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THE INTERSTATE
Printers & Publishers, Inc.
Danville, Illinois

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7 8 9

ISBN 0-8134-2619-7

INTRODUCTION

Is the Child Really Stuttering: Questions & Answers About Preschool Dysfluency is intended as a concise, practical source of information for adults concerned about a preschool child who frequently hesitates and repeats when speaking. In an easy-to-read question-and-answer format, it discusses the nature of the preschooler's repetitions and hesitations, as well as the role listeners can play in dealing with these stuttering-like behaviors.

Normal dysfluency (a stage in the speech development of many children) and abnormal dysfluency (actual stuttering) are compared so that the reader can determine whether or not referral for assessment and/or remedial services is needed.

A reading list is provided for persons who wish to learn more about stuttering.

Parents and other family members will find this booklet helpful and reassuring. In addition, speech-language pathologists will find it an effective and time-saving tool in dealing with preschool dysfluency and the prevention of stuttering. Physicians, nurses, other health-care professionals, teachers, social workers, and other child-care providers will consider the booklet a valuable resource, in both their own education and that of patients and clients who encounter preschoolers who may be stuttering.

In short, this booklet should motivate adult listeners to take direct and positive steps to deal

with dysfluent behavior that has become a problem for them and possibly for the child.

QUESTIONS & ANSWERS

1. *I feel embarassed about expressing concern over the child's speech fluency pattern. Should I feel this way?*

No! It is wonderful that you care enough about the child to want to help! Anyone who has ever seen on television the stereotypical advice-giving adult (usually a neighbor or relative) launching into a nonstop narrative that starts with "I'm so glad you asked that . . ." knows well how the speech-language pathologist feels when asked about a preschooler's "stuttering." We are so glad to be asked! We know you have the best interests of the child in mind. So do we, so you have come to the right person!

2. *Is it too early to do anything about a preschooler's hesitations and repetitions?*

No. Now, when you are experiencing concern about the child's fluency, is a perfect time to do something about the situation.

3. *Is it unusual for speech-language pathologists to be asked for advice about the hesitations and repetitions of a preschooler?*

Not at all. Between the ages of two and five many, many children have periods of dysfluency—a normal stage of speech develop-

ment, occurring in families of every level of education and socio-economic status. It is very common for speech-language pathologists to receive requests for information about dysfluency in the preschool-aged child.

4. *What do you mean by the term "dysfluency"?*

By "dysfluency" we mean repeating, hesitating, and stumbling on words. This pattern is usually referred to as "stuttering" by the parents, teachers, or other adult listeners who are worried, and understandably so, that the child will become a stutterer.

5. *Why don't speech-language pathologists call this hesitating and repeating "stuttering"?*

Speech-language pathologists prefer the term "dysfluency" when the hesitations and repetitions occur as a normal period in speech development. Calling it "stuttering" makes it sound as though it were a speech disorder when, in fact, most hesitating and repeating done by the two- to five-year-old child is normal.

The term "stuttering" should be avoided also because its use at the preschool stage can make it *become* a problem—a problem for the child as well as for you. When the child is called a "stutterer" or when you act as though he or she were, in fact, a stutterer, the attitude of those of you around the child often becomes one of anxious concern.

6. *What will happen if I do react to the child with worry, fear, tension, or anxious concern?*

Since little children are like radar in picking up the feelings of people around them, it is most likely the child will sense this anxious attitude and will try very hard to change his or her speech pattern to please you. That is, the child will try very hard *not* to repeat, *not* to hesitate, *not* to stumble on words.

7. *Isn't it good if the child does try to stop hesitating and repeating?*

Unfortunately, no. Dysfluency is not like some other problems or habits with which it is helpful to remind the person to quit the particular behavior. With dysfluency, the more the child *tries* to stop doing these things, the more likely it is that he or she will actually do them.

8. *When the child stumbles on words, should I say, "Don't stutter," "Slow down," or "Stop and start over"? Should I help by finishing the sentence?*

No. This calls more attention to the speech and sends a message to the child that his or her speech is not good enough. It can make the preschooler's speech fluency worse instead of better. Also, a child who is always "helped" never experiences success in completing an utterance independently. Like many other things you may do to try to help, these techniques may work at first just because they are new, but

once the novelty has worn off, they will only make the difficulties worse.

9. *What might happen if I do continually say "Slow down," "Start over," or "Stop stuttering"? Why won't "correcting" and finishing the sentence or thought help the child become more fluent?*

If you continue to treat the preschooler as though he or she were a stutterer and in need of constant "correction," and if the child continues to try to stop doing these things that displease you, normal hesitations and repetitions may well turn into real honest-to-goodness stuttering.

10. *How does real stuttering differ from normal dysfluencies?*

It is normal to repeat whole words (for example, saying "I . . . I . . . I" or "Can . . . can . . . can I go?") and whole phrases (for example, saying "Should I . . . should I . . . should I leave?" or "The house . . . the house is white."). It is also normal to say "uh," "a," and "um" as fillers between thoughts.

It is not normal—and is considered stuttering—to repeat parts of words (for example, saying "flow . . . flow . . . flowers" or "pic . . . picture") or individual sounds of words (for example, saying "Sh . . . sh . . . should I go?" or "S . . . s . . . see me g . . . go.").

11. *Are there any other signs that help dis-*

tinguish between normal dysfluency and stuttering?

Yes. If the preschooler's abnormal repetitions (as just described) are accompanied by tension, worry, facial grimaces, or extraneous gestures of the hands or arms, it is likely the child feels his or her speech is "different" or "abnormal." It is also likely, then, that this child is on the way to becoming—or already is—a stutterer.

12. *I feel guilty because I have not handled the child's repetitions and hesitations correctly. Should I?*

No. Never worry about what you have done in the past to help the preschooler who is having difficulties speaking. We can't be responsible for what we didn't know! And we can't go back.

However, by learning right now how to treat the dysfluencies, it is possible to alter the speech pattern and help the child through this sometimes difficult stage.

13. *What about the child who has a lot to say?*

Very often it is the child who has the most to say who also has the most difficulty in getting words out smoothly. This can be part of the problem. The child wants to say so much and tries so hard to get it out, but because his or her speech muscles and vocabulary have not grown, or matured, sufficiently, the child can't say the desired utterance smoothly and quickly.

So he or she repeats a word (such as "I . . . I . . . I" or "um . . . um") to hold the listener's attention until the thought or words can be formulated. And, presto, the child's speech sounds like stuttering!

14. *Does it make a difference if we adults who are around the child are fluent speakers or if we use lots of "big" or sophisticated words?*

Yes, it can make a difference how the preschooler's adult models speak. Adults who use "big" or "long" words or a sophisticated vocabulary may be difficult models for little children to copy. The preschooler may try very hard to copy these difficult-to-say and difficult-to-remember words but find that his or her speech musculature and memory just are not up to the task. At this point, fluency may break down.

15. *What can we do to make it easier for the child to model our speech?*

You can be careful to use sentences that are not too long and not too complex. Using shorter sentences and "smaller," easier vocabulary when speaking around the preschooler will go a long way in providing the kind of adult speech model the child can readily copy. Speaking at a slower, more relaxed pace also helps.

16. *What can we do to help the perfectionistic child who is also dysfluent?*

This type of child needs parents and other adults who offer support and encouragement for trials and errors in speaking. Adults who are perfectionists themselves or who want everything to run smoothly will need to relax their standards and "loosen up" when dealing with the perfectionistic preschooler.

Allow this child to make mistakes—and lots of them—without being criticized or punished in any way. Sometimes just your sideways glance, raised eyebrow, or worried look can be enough to make the child feel he or she is not doing well enough. Displaying lots of love and lots of patience will help. So will showing the child that *adults* make mistakes, too!

17. *Are there certain times when the child's fluency is more likely to break down?*

Definitely. If the child is very excited, overly tired, upset, angry, or away from his or her usual routine, more hesitations and repetitions are likely to occur. Speech will also be more dysfluent when it is very important to speak well. If the child is asked to "perform" in front of others or is trying very hard to please special adults (like Grandma, a new neighbor, a teacher), he or she may well experience a breakdown in fluency just from this extra pressure to speak well.

18. *Some people say stuttering is inherited. Is this true?*

There is no proof that true stuttering is inherited. There do seem to be some families which have a number of stutterers over several

generations, but studies have not identified a genetic factor. Environment may play a role in this, but studies to find the cause, or etiology, of stuttering are inconclusive.

19. *Would it be helpful to set aside a special time each day when the child can talk to me as much as desired?*

Yes! This is an excellent solution to the problem of always being too busy to talk. Many parents, especially, are so busy with their jobs at home and away from home that they have little time to listen to their preschooler. Too, the child who is being cared for during the day by someone other than the parents may be competing with other children for adult attention and adult "listening ears."

It seems that preschoolers are rather good at choosing the *wrong* time to approach you for a conversation. This means the child has to hurry up and talk fast to keep your attention. Naturally this puts pressure on the child—pressure he or she often can not handle—and speech becomes more dysfluent. It is a good idea to set aside approximately 10 minutes each day as a special "talking time" reserved just for this child. Nothing should be allowed to interrupt or intrude upon this time.

20. *What else can we do to help the child's fluency besides setting aside a "talking time"?*

There are many things you can and should do to help the preschooler through this normal stage of dysfluent speech. These include the following:

- Look at the child when he or she speaks, maintaining good eye contact.
- Wait for the child to complete the message, no matter how long it takes. Never interrupt or finish words or sentences for the child.
- Make certain no one calls the child a "stutterer."
- Avoid any and all comments or facial expressions that show disapproval of the child's speech. Use a "poker face"!
- Remove pressure for the child to perform perfectly.
- Do not ask the child to recite or perform in front of others.
- Allow the child to make mistakes and to see adults making mistakes.
- Do not praise and do not punish the child for his or her speech.
- Avoid telling the child to "Slow down," "Start over," "Take a deep breath," or "Say that over."
- Give the child plenty of time to talk—it may take him or her longer than others to get the message across.
- Accept all of the child's speech—fluent and dysfluent—as normal speech.

21. What if these methods do not work?

Try these methods for three to six months. If the "stuttering" is, as is most likely, just a normal stage in speech development, the child will become less and less dysfluent more and more of the time. And you will be feeling less and less concerned about the child's speech.

If, on the other hand, the child continues to repeat and hesitate, or becomes more dysfluent and aware of those dysfluencies, an assessment of the child's speech by a speech-language pathologist may be necessary.

22. If these methods do not work, have we failed?

Not at all. You should not feel that you have failed if the child's speech continues to be dysfluent. In some cases, the dysfluency is such that no matter what you do, the child will continue to be dysfluent. In this case, the child may really be stuttering and already beyond the normal stage. Professional help is best in this situation. If there is no speech-language pathologist nearby, contact the American Speech-Language-Hearing Association at 10801 Rockville Pike, Rockville, Maryland 20852 (or call 1-800-638-8255 toll free) for information on the speech facility closest to your home.

23. What final advice can you give parents and other adults who are concerned about a preschooler's fluency?

Relax and enjoy the child's speech! As the famous saying goes: "This too shall pass!" And, as is now evident, you *can help it pass* by understanding what dysfluency is and by dealing correctly with instances of dysfluency.

It may be difficult to determine if you are part of the "problem," but by doing the right things, you *can* be part of the solution. Dysfluencies in the speech of two- to five-year-olds *are* normal, and stuttering *can be* prevented!

WANT MORE INFORMATION?

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THE INTERSTATE
Printers & Publishers, Inc.
Danville, Illinois
ISBN 0-8134-2619-7